

Case Number:	CM15-0008482		
Date Assigned:	01/23/2015	Date of Injury:	06/27/2005
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male who reported an injury on 06/27/2005. The mechanism of injury was not stated. The current diagnoses include chronic cervical spine sprain/strain and status post L5-S1 fusion. The injured worker presented on 12/23/2014 for a followup evaluation with complaints of continued low back pain. The provider indicated there was no change in the injured worker's physical examination. The injured worker demonstrated difficulty standing and an antalgic gait. Medication compliance was as prescribed and it was noted that the current medication regimen was helping with pain. There were no adverse effects noted.

Recommendations, at that time, included continuation of Norco 7.5/325 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 7.5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized Norco since at least 09/2014. There is no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. A written consent or pain agreement for chronic use of an opioid was not provided. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.